



Texas State Board of Dental Examiners

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www.tsbde.state.tx.us

**DUPLICATE ANNUAL REGISTRATION CERTIFICATE
REQUEST FORM**

(For Dentists, Dental Hygienists & Dental Assistants)

Instructions:

1. Use this form to request a duplicate annual registration certificate for dentists, hygienists, or dental assistants.
2. Fill out form completely using black or blue-black ink and do not leave any questions blank.
3. Mail this form and your non-refundable fee to the Texas State Board of Dental Examiners (TSBDE) at the address listed above. Payment can be made by check, money order or cashiers check (do not send cash). Please make payment payable to the TSBDE.
5. If requesting more than one certificate, please pay \$25.00 for each certificate requested. **Your annual renewal fee covers the cost of your annual registration certificate.***
6. **Processing and Receiving Your Annual Registration Certificate.** Please allow two weeks for processing. Your annual registration certificate will be mailed to your address on file with the TSBDE. If your address has changed, include a **TSBDE Change of Address Form** with this request form to avoid delays in receiving your annual registration certificate.

Date: _____

Name: _____

E-Mail Address: _____

Texas License Number _____
(Dentists and Dental Hygienists)

**Dental Assistant
Registration Number#** _____

Check One: **I am a: Dentist** _____

Dental Hygienist _____

Dental Assistant _____

Non-Refundable Fee

\$25.00

(each/per certificate)

Number of Additional Registration Certificates Requested: _____ **Amount Due:** _____ *

* - Pay \$25.00 for each additional certificate requested. Your annual renewal fee covers the cost of your annual registration certificate.

I understand that my new certificate(s) will be mailed to the address currently on file with the TSBDE and that if a change of address is needed, I will submit a TSBDE Change of Address Form along with this request.

Date

Signature